

04-19-04  
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23713 7590 02/17/2004

GREENLEE WINNER AND SULLIVAN P C  
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SUITE 201  
BOULDER, CO 80303

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for ~~first class~~ mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Cathy Nelson	(Depositor's name)
<i>Cathy Nelson</i>	(Signature)
April 15, 2004	(Date)

EXPRESS MAIL # EV 437338089 US

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/435,403	11/05/1999	JOHN S. LOLLAR	88-98	5191

TITLE OF INVENTION: GLYCOSYLATED, LOW ANTIGENICITY LOW IMMUNOGENICITY FACTOR VIII

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	05/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHNIZER, HOLLY G	1653	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Greenlee, Winner and Sullivan, P.C.

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Emory University

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Atlanta, Georgia

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1969 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

*Hana Koo*

(Date)

April 15, 2004

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01 FC:1501

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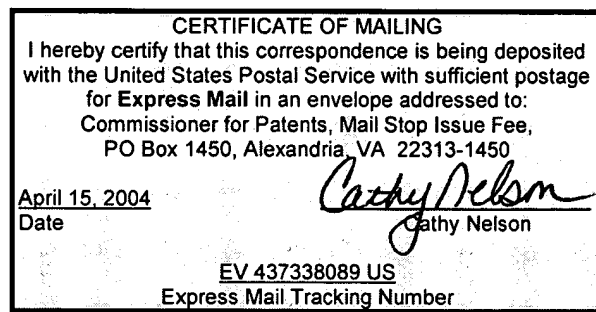


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/435,403  
Applicant : Lollar  
Filed : November 5, 1999  
TC/A.U. : 1653  
Examiner : Holly G. Schnizer  
For : GLYCOSYLATED, LOW ANTIGENICITY,  
LOW IMMUNOGENICITY FACTOR VIII  
Docket No. : 88-98  
Customer No.: 23713

Confirmation No. 5191

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TRANSMITTAL

Sir:

Included herewith are the following:

- Issue Fee Transmittal - Form PTOL-85 and
- Check in the amount of \$1,360.00 (\$1,330.00 for the issue fee and \$30.00 for 10 copies).

If the fee submitted is incorrect, please deduct any required fee from deposit account 07-1969.

Respectfully submitted,

Heeja Yoo-Warren  
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Attorney docket No. 88-98  
April 15, 2004